



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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FOR
SECRETARY OF STATE
U.S.C. ONLY

1. Entity ID Number 000052954		2. Exact name of the Corporation PARK AVENUE INVESTMENTS, INC.				
3. Principal Office Address 1278 PARK AVENUE			City CRANSTON	State RI	Zip 02920	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL AND INVEST IN REAL LAND AND PERSONAL PROPERTY				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name DAVID M. NARDOLILLO			Vice-President Name ANGELO M. NARDOLILLO			
Street Address 85 GATEWAY ROAD			Street Address 114 CREST DRIVE			
City NORTH KINGSTOW	State RI	Zip 02852	City CRANSTON	State RI	Zip 02921	
Secretary Name DAVID M. NARDOLILLO			Treasurer Name ANGELO M. NARDOLILLO			
Street Address 85 GATEWAY ROAD			Street Address 114 CREST DRIVE			
City NORTH KINGSTOWN	State RI	Zip 02852	City CRANSTON	State RI	Zip 02921	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name NONE			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>						
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		1	CLASS A COMMON	NONE		
99	CLASS B COMMON	NONE				
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Representative DAVID M. NARDOLILLO				Date 3-4-24		
Signature of Authorized Representative <i>David M. Nardolillo</i>				FILED FILED MAR 12 2024		

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY J SATS RS